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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. @ fif death occurred le Village or City. (No..... St.: Ward) a hospitel or lostitution. give its NAME lostead of street and comber. 1 ² FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH S SINGLE. SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH member, 1915, to (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, st... 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Frade, profession, or perticular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) -----Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed): 6.191/4 (Address) / CCCL 11 BIRTHPLACE K (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 04 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ ds. State Where was disease contracted. If not at place of death?.. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 29 UNDERTAKER ADDRESS REGISTRAR 102000

if more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemald, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. ver" is less definite; avoid use of "Tumor" for mally The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

OCT 7 1914

BUREAU, V.S.

No.

PHYSICIANS should state of OCCUPATION Is very properly classifled. Exact statement be stated EXACTLY. should AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be in See instructions on back of certificate. CAUSE OF Important. m ż

PLACE OF DEATH

RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH STATE OF MARYLAND

CERTIFICATE OF DEATH

	Registration Dist, No.
Village or City Hammer Strongson,	St.; Ward) [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR PACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWCED (Write the word)	16 DATE OF DEATH (Month) (Month) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE OATE OF BIRTH (Month) (Day (Year) 1 day, hrs.	that I last saw h the still street on the date stated above, at m, The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in	angua Cratoria
which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary (Buration) yrs mos ds. (Signed) (Buration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	State the Dispase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Account Total Filed At 170,914 PRECISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons eugaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Serrant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sareoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eousequeuces (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.: "Dropsy," "Exhanstlon," Never report cause for



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 2 If death occurred in Village or City St:Ward) a hospital or institution, give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO. wipoweo Andarul
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(Write the word) (Month) (Day) I HEREBY CERTIFY, That & attend 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE 1 dayhrs. The CAUSE OF DEATH* OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State Where was disease contracted. if not at place of death? usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKE ADDRES

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers who have no occupation whatever, write None. been changed or given up on account of the nisease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia. sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarrlage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory Always qualify ail diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for For vio-



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9265 'PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 28

Village or City Haufwood (No	St.; Ward) [if deeth occurred in a hospital or institution give its NAME lastear of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw have allow on Sept. 2. 3. 1914
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at #3.0 P. m. The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or smployer) BIRTHPLACE (State or country)	Contributory (Secondary) (Duration) yrs mes ds
10 NAME OF FATHER VI 11 BIRTHPLACE OF FATHER (State or country) LI 2 MAIDEN NAME OF MOTHER	(Signed) , M. D. State the Dismass Causing Dmath, or, in deaths from Violent Causes, state (1) Mmans of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, ds. Where was disease contracted, If not at place of death? Former or usual residence
(Address) Saw Talks Make	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Seft 26 , 191.4

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer—Coal Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salcsman, "Laborer," If the occupation has Farmer or Planter, For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal medingitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Purrerral septichacgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mall; oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: Ex.



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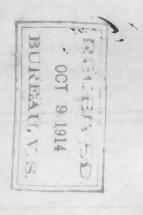
1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No It death occurred in Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL_CERTIFICATE OF DEATH S SINGLE, 18 DATE OF DEATH MARRIED, WIDDWED, (Month) ORDIVORCED (Write the word) (Dav I HEREBY CERTIFY That I attended decreased from OF BIRTH that I last saw h A alive on (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, a 1 day,....hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) .YES which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDEN-12 MAIDEN NAME TAL SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State yrs. Where was disease contracted. It not at place of death?. Former or (Interment) usual residence. 15 20 UNDERTAK Filed REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for ample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



PERMANENT RECORD

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arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be it certificate. See Instructions on back of important.

9267

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

County & I. I. Carys	Registration Dist, No.
Village or City Leey and (No	St.; Ward) [If death occurred is a hospital or iostitution give its NAME lostes of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MONEO, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	Seft 17 , 1914, to Sex 18 , 1914
If LESS than 1 day,hrs. 2 O yrs. mos. ds. ORmin.? 8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) Beneral nature of industry, business, or establishment in	and that death occurred on the date stated above, at
which employed (or employer) BIRTHPLACE (State or country)	Gontributory (Secondary)
11 BIRTHPLACE OF FATHER (State of country) 2 Maiden Name OF Mother	(Signed)
OF MOTHER OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the control of death yrs, mos, ds. State yrs, mos, ds.
Interment; True To THE BEST OF MY KNOWLEDGE	Where was disease confracted, If not at place of death? Former or usual residence.
(Address) Hacley work Md.	Hollyword Holens Seff 20, 191.4
Filed	20 UNBERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is necness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubercu-lossis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of childbirth or miscarriage, as "Purrerral scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. -H art failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malls ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As oma. Sarcoma. etc., of __ Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: For vio-



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 9268 County Stanger S	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 283
Village or City Saely works. //	St.; Ward) [It death occurred is a hospital or institution give its NAME losteau of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
**SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw have alive on 191
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary) (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
Informant, Orneth	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Holy all Medical Address (Address) Holy and Medical Address (Address) Holy and Medical Address (Address) Holy and Address (Address (Addre	Hally ord Holiness Sept 20, 191 & 20 UNDERTAKER Malley Cey Learner Appress
if more blanks are needed, address State Registrat	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum,

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of childbirth or miscarriage, as "Purpresal scritchacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPIRAL peritonitis," etc. State cause for "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... -hart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples: For vio-



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PHYSICIANS

RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St:.....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) (Day) If LESS than TAGE and that death occurred on the date stated above, at 1 day hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or amployer) Contributory 9 BIRTHPLACE (State or country) (Secondary) (Signed 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER yrs. mos. ds. State yrs. Where was disease contracted it not at place of death? Former or usual residence REMOVAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S No. 1.

fit death occurred in

a hospital or institution.

give its NAME instead of street and number. 1

(Day)

OF BURIAL

ADDRESS

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Housewifc, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumouia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinological programments of lungs, peritonaeum, etc., Carcinological peritonaeum, etc., Carcinological peritonaeum, etc., Carcinological peritonaeum, etc., Carcinological pe

childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis Accidental drowning; Struck by railway train-accinant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for mailg. The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Examples:



V. S. No. 1.

RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ż

PLACE OF DEATH	0920
County St. Marys	9270
Village or City Morgany	ea a
mage of only	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 283

Viti	age or City Morganza (No	St.;Ward)	[if death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF I	DEATH
35	Mule White Single, wildowso, brolyparce (Write the word)		/ , 1914 (Day (Year)
8 DA	(Month) (Day (Year)	that least saw has alive on any 3	/ 1914, / 1914
7 AG		and that death occurred on the date stated ab The CAUSE OF DEATH* was as follows:	pove, at 2 G. m.
(a) par (b) busi whice	Trade, profession, or ticular kind of work. General nature of industry, ness, or establishmeet in the employed (or employer) RTHPLACE (State or country) 10 NAME OF FATHER AMADAL AMAGE OF FATHER (State or country) 11 BIRTHPLACE (State or country)	Contributory A CASA (Duration) Secondary (Signed) (Signed) (Signed) (Signed) (Address) State the Disease Causing Death, or in Causes, state (1) Means of Injury; and TAL, SUICIDAL, or Homicidal.	
14 7	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Landau My (Address)	Where was disease contracted, If not at place of death? Former or usual residence	yrs ds
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[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not dutles of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a dcfinite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: "Foreman."

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified. Is Indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Agc," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. ratvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of.... ture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-The nature of the State cause for "Exhanstion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the explicate is permanently filed.

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PERSONAL AND STATISTICAL PARTICULARS

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. ...

MEDICAL CERTIFICATE OF DEATH

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

In the

State

st:	Ward)	[If death occurred is a hospital or institution
Luatte	inel	give its NAME instead of street and number.]

SEX 4 COLOR OR RACE SINGLE, MARRIED, MIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than	9 1914, to 9 1914, that I last saw he alive on 9 1 1914
7 AGE If LESS than f day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
a) Trade, profession, or particular kind of work	(Duration) yrs. mos. 123
9 BIRTHPLACE (State or country)	(Secondary) (Duration) yrs mos ds.
OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	(Signed) , M. D. Garden M. D. State the DISEASE CAUSING DEATH, or, in deaths from Violent

15 REGISTRAR

TAL, SUICIDAL, OF HOMICIDAL.

OR RECENT RESIDENTS)

of death _____ yrs. ____ mos. ..

Where was disease contracted. If not at place of death?

19 PLACE OF BURIAL

At place

Former or

usuai residence

ADDRESS

DATE OF BURIAL

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20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

additional line is provided for the latter statement; who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the niseass Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcin-

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.....Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED, MIDOMED. (Write the word) I HEREBY CERTIFY, That Lattended deceased from DATE OF BIRTH (Month (Day 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, THE THUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death _____ yrs. ___ mos. ___ ds. State -w. yrs. _ Where was disease centracted, it not at place of death? ... Former or usual residence. 15

Ilt death occurred in

(Year)

a hospital or institution.

give Its NAME Instead ot street and number.]

(Day

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) cases, especially th industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuladditional line is provided for the latter statement; the nature of the business or industry, and therefore an For many occupations a single word or term on the duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuiugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Williage or City Lately (No. St.; Ward) FULL NAME May be a beginning in life soft occurred in a beginning in life soft occurry in the cape of lineary was as follows: Personal and Statistical Particulars Medical Certificate of Death	PLACE OF DEATH 9273	STATE OF MARYLAND CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE SENIOLY, WOONDED, WO	Gounty 7	261
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS POLICY COLOR OR RACE POLICY COLOR OR RACE (Nonth) (Day) (Year) (Nonth) (Day	Man Lie Cori	St.; Ward) a hospital or Institution, give its NAME instead
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and that death occurred on the date stated above, at	SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED (Write the word)	(Month) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from
The CAUSE OF DEATH* was as follows: The CAUSE O		that I last saw h Adm alive on 20,191
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) PIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 13 BIRTHPLACE (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 BIRTHPLACE (State or country) 16 LINEAR OF MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country) 18 BIRTHPLACE (State or country) 19 LINEAR OF MOTHER (State or country) 10 MOTHER (State or country) 11 MAIDEN NAME OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 19 LINEAR OF MY KNOWLEDGE (Informant) (Address) 10 LINEAR OF MY KNOWLEDGE (Informant) (Address) 10 LINEAR OF MY KNOWLEDGE (Informant) 11 LINEAR OF MY KNOWLEDGE (Informant) 12 LINEAR OF MY KNOWLEDGE (Informant) 13 LINEAR OF MY KNOWLEDGE (Informant) 14 LINEAR OF MY KNOWLEDGE (Informant) 15 LINEAR OF MY KNOWLEDGE (Informant) 16 LINEAR OF MY KNOWLEDGE (Informant) 17 LINEAR OF MY KNOWLEDGE (Informant) 18 LINEAR OF MY KNOWLEDGE (Informant) 19 LINEAR OF MY KNOWLEDGE (Informant) 19 LINEAR OF MY KNOWLEDGE (Informant) 10 LINEAR OF MY KNOWLEDGE (Informant) 20 LINEAR OF MY KNOWLEDGE (Informant) 21 LINEAR OF MY KNOWLEDGE (Informant) 22 LINEAR OF MY KNOWLEDGE (Informant) 23 LINEAR OF MY KNOWLEDGE (Informant) 24 LINEAR OF MY KNOWLEDGE (Informant) 25 LINEAR OF MY KNOWLEDGE (Informant) 26 LINEAR OF MY KNOWLEDGE (Informant) 27 LINEAR OF MY KNOWLEDGE (Informant) 28 LINEAR OF MY KNOWLEDGE (Informant) 29 LINEAR OF MY KNOWLEDGE (Informant) 20 LINEAR OF MY KNOWLEDGE (Informant) 20 LINEAR OF MY	76 yrs. 8 mos. 89ds. ORmin.?	The CAUSE OF DEATH* was as follows:
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(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Address) (Signed) (Address) (Address) (Address) (Signed) (Address) (Address) (Signed) (Address) (Address) (Address) (Signed) (Address) (Address) (Address) (Address) (Address) (Signed) (Address) (Addr	BIRTHPLACE (State or country)	(Secondary)
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) Filled 18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) A The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) A The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) A DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR	FATHER aims W. Wellos 11 BIRTHPLACE (State or country)	(Signed) (Address) Calculate (Address) (State the Disease Causing Death, or, in deaths from Violence
(Intermant) (Address) (Address)	13 BIRTHPLACE OF MOTHER	At place in the of death yrs mos ds. State yrs mos ds.
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REGISTRAR Surfere Itall by hand he	· Was WHARE	facual Heart 10-1- 1914
If more blanks are needed, address State Registrar, 6 E. Franklin St., Ralto, Requesting V S NA 1	1100	Surfere Hall by wand by

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when necded. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

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by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PURRPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: affection need not he stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples: For VIO-



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V. S. No. 1.

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Village or City Dylvia 2FULL NAME PLACE OF DEATH 9274 Warys 9274 PLACE OF DEATH 9274 PLACE OF DEATH 9274 9274 PLACE OF DEATH PLACE OF DEATH 9274 PLACE OF DEATH PLACE OF DEATH 9274 PLACE OF DEATH PLA	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 80 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 sex 4 color or race 5 single, MARRIED, WIDOWED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 HEREBY CERTIFY, That attended decessed from
6 DATE OF BIRTH Day & the sal	191, to, 191
(Month) (Day (Year)	that I last saw halive on
TAGE TAGE THE STANDARD STAND	snd that desth occurred on the date stated above, at 29m, The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in	Theres
which employed (or employer)	(Quration) yrs
State or country)	Secondary Odration of mos ds.
10 NAME OF PAPE Bustles	(Signed), M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Juffer 13 BIRTHPLACE OF MOTHER 711	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
(State or country) 14 THE ABOVE TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, It not at place of death? Former or usual residence.
(Address) Morry 3-	19 PLACE OF BURIAL OR REMOVAL Mory et, 191.
Filed 191.	2 Robelison Vont Haso.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

00T 8 1914 BULLEAU, V.S.

MARGIN RESERVED

V. S. No. 1.

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PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 280

Vii	lage or City A. Angozono.	St.;—Ward) [If death occurred lo a hospital or institution, give its NAME instead of street and nomber.]
	2FULL NAME	
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Man Heglu Single, Manuel Manuel Man agricoger of the word)	(Month) (Day (Year)
8 D	ATE OF BIRTH July 22, 1849 Month) (Day (Year)	april 30, 191 4, to Lipx 28, 191 4 that I last saw h 1111 allive on Lipx 28, 191 4
7 A		and that death occurred on the date stated above, at
(a) par (b) bus	Trade, profession, or tricular kind of work. General nature of industry, iness, or establishment in ch employed (or employer)	Joyemia and Exhaustin
	RTHPLACE (State or country) Jurginea 10 NAME OF FATHER RANGELL, Seenal	Contributory Mulde Assafficency Secondary Ouration) 20 yrs mos ds (Signed)
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER A A A A A A A A A A A A A	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) Waginea	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death ors. mos. ds. State yrs, mos. de
	(Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
16	(Address) A Augus (Och - 1 my E. E. Brish	19 PLACE OF BURIAL OR REMOVAL Och 1
File	Deputy Local REGISTRAR	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (0)

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9276 PLACE OF DEATH County

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death accurred in

FULL NAME Margarex &1	St.; Ward) a hospital or institution, give its NAME Instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ruse While word	16 DATE OF DEATH (Month) (Day (Year)
DATE OF BIRTH Opil 27, 1914 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
TAGE It LESS than day, hrs. OR min. ?	and that death occurred on the data stated above, at
(a) Trade, protession, or particular kind of work. (b) Beneral nature of industry,	Elen Deputune
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary (Deraylon) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted,
(Intermant)	it not at place of death?————————————————————————————————————
Flied Leaf 14, 1914 Mesyd REGISTRAR	19 PUAGE OF BURIAL OR REMOVAL DATE OF BURIAL Supplementary Appress Appress Light Manual Appress Appress Light Manual Light Manual Lig
If more blanks are needed, address State Regist	trar, E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ilistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal term for the same disease. Examples: Cerebrospinal of the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meminges, peritonaeum, etc., Carcin-

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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT pe UNFADING 5 WRITE TO D OF Every Item CAUSE OF Important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No Tif death occurred to (No... .Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at. t day,....hrs. The CAUSE OF DEATH* was as follow OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory (State or country) FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State yrs, ____ mos, Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. it should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," -Coal (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

P. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County PLACE OF DEATH 9278	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No
VIIIage or City Levil Mark VIII.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
May Acolor or race Single, Marrieo, Midowed, Widowed, Willowed (Write the word)	16 DATE OF DEATH (Month) (Bay (Year) 17 I FEREBY CERTIFY, That I attended deceased from 1914, to 1914,
(Month) (Day (Year) 7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Synchrity Secondary Orange States S
OF FATHER 10 NAME OF FATHER Coleman Thomps 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, it not at place of death? Former or usual residence.
(Address)	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL PROBLEM FOR CONCERN SERVICE 20 UNDERTAKEN LOS

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. As examples: the nature of the business or industry, and therefore an For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—like the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (uame origiu; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—aeei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probability LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avold use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustiou,"



V. S. No. 1.

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County County 9279	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.		
VIIIage or City Free Wille (No. 2)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of sfreet and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Juste Color or RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)		
6 DATE OF BIRTH	17 I HEREBY GERTIFY, That I attended deceased from		
(Month) (Day (Year)	that I last saw h alive on, 191,		
7 AGE If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at		
(a) Trade, profession, or parficular kind of work. (b) General nature of Industry, business, or establishment in	Canadagas (Duration) yrs mos ds		
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11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL		
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the		
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death?		
(Intermant)	Former or usual residence		
(Address)	20 UNDERTAKER ADDRESS		
	trar. 6 E. Franklin St., Balto, Requesting V. S. No. 1		

[Approved by U. S. Census and American Public Health Association.]

"Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton will; (a) Salesman. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

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RECORD PERMANENT 4 S THIS INK UNFADING WITH PLAINLY,

PHYSICIANS should state of OCCUPATION IS very MEDICAL PERSONAL AND STATISTICAL PARTICULARS statement EXACTLY 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED WIDOWED, (Write the word) I HEREBY 17 Exact 6 DATE OF BIRTH stated that I last saw h all classified. (Year) (Day) (Month) pe If LESS than 7 AGE and that death occurred of pinous 1 dayhrs. The CAUSE OF DEATH * OR min. ? properly BOCCUPATION AGE (a) Trade, profession, or particular kind of work. (b) General nature of Industry. supplied. pe business, or establishment in may which employed (or employer) ----certificate. Contributory. 9 BIRTHPLACE (Secondary) (State or country) carefully that it 10 NAME OF FATHER (Signed) 80 of pe 191... 11 BIRTHPLACE back terms, ARENT OF FATHER (State or country should *State the DISEASE CAL CAUSES, state (1) MEANS LO 12 MAIDEN NAME TAL, SUICIDAL, OF HOMIC DEATH in plain OF MOTHER See instructions Information 18 LENGTH OF RESIDENC OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. .. Where was disease contracted. 14 THE ABOVE IS OWLEDGE If not at place of death? Jo Former or Every Item GAUSE OF usual residence Important. OF BURIAL OR (Address) 15 20 UNDERTAKER 100 RECISTRAR ż

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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